



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board

☒ YES ☐ NO

- e. Other

If yes, please explain:

and community events

fire Department activities

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Potsdam
☐ Personal needs
☒ Banking Potsdam or Winthrop
☒ Employment Canton
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No Maybe

Name: Torey Russell

Address: 812 Stockholm Knapps Station Rd West Stockholm, NY 13696

Telephone: 315-212-3252

Date: 4/24/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

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Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
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Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

I changed from Rural Carrier because the snow plow would hit my mail box, nearly losing my premises. Coverage because last in snow

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services? local

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

James J. Smith James J. Smith

Address:

PO Box 163 West Stockholm NY 13696

Telephone:

315 296 6493

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

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Nonpostal Services

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- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☒ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Moise Daggett

Address: PO Box 55, West Stockholm, NY 13696

Telephone: (315) 265-0854

Date: April 26, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

4/26/11

There is no parking at
Potsdam post office and the
postmasters are not as friendly.

Potsdam and Norwood are 6
miles away and it's more
convenient to get your mail
in your own town.

Maura Ruggett

DOCKET NO. 1397207-13696

ITEM NO. 22

PAGE 7



Postal Service Customer Questionnaire

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i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board

☒ YES ☐ NO

- e. Other

☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☒ Social needs for Tsam

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Robert H Scott Jr

Address: 19 COUNTY RT 57

Telephone: (315) 265-0359

Date: 4/27/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
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e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- Keep getting refund from destroyed mail, make sure address right*

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☒ Employment

Unionville Ky

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Beverly LaHalle

Address:

P.O. Box 92 West Slotholms Ky 13696

Telephone:

315-265-5409

Date:

4/26/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

DOCKET NO. 1387207-13696

ITEM NO.

22

PAGE

12

I am ~~twenty~~ nine years
old. If you close Post
office I will have to
change my license, all
my checks & personal
Bills. My car is 11 years
old and will not stand
trips to next Post Office.
Price of gas who can. Our
next Post Office Potsdam
Ny. 10 mi away has 2
parking places - Good Luck
get one. Please don't
close Post Office in West Stockholm
Ny

DOCKET NO.

1387207-13696

ITEM NO.

22

PAGE

13

Intentionally left blank

I had a bill destroyed
in mail which made me
pay a late charge - Post
Mistress wrote letter and
sent to files - I received
my late charge taken
of bill - I need every
penny I am on fixed
income.

DOCKET NO. 1367207-13694
ITEM NO. 22
PAGE 14



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



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☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping MASSENA, NY
- ☒ Personal needs MASSENA, POTSDOM
- ☒ Banking POTSDOM, MASSENA
- ☒ Employment POTSDOM
- ☒ Social needs POTSDOM, MASSENA, HERMON

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

GERARD DEON

Address:

89 RIVER HILL RD, POTSDOM, NY 13676

Telephone:

315 - 608- 7725

Date:

4-25-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I Sincerely feel closing this small PO will adversely impact a large number of Residents in our Community, especially our elderly. This PO is more to this Community than just a place to buy Stamps, it is part of our Culture. G.D.



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Other Postal Services

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- b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

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- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☐ NO

If yes, please explain:



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☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain:

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☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Lawrence Varney

Address: Box 46, W. Stockholm NY 13696

Telephone: 315-265-4028

Date: 4/21/11

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Other Postal Services

- | | | |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Nonpostal Services

- | | | |
|---|------------------------------|--|
| a. Picking up government forms (such as tax forms) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- | | | |
|--------------------------------|------------------------------|--|
| d. Using public bulletin board | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
|--------------------------------|------------------------------|--|

- | | | |
|----------|------------------------------|--|
| e. Other | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
|----------|------------------------------|--|

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2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping Potsdam
☐ Personal needs Potsdam
☐ Banking Potsdam
☐ Employment Retired
☐ Social needs Potsdam

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Lloyd & Patricia Kennedy

Address: 394 Stockholm Knapps Station Rd. W. Stockholm, NY 13696

Telephone: 315-268-1248

Date: 4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



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c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service
will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: Cannot Buy what I Need Locally

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these
services?

☒ Shopping Massena
☒ Personal needs Massena
☒ Banking Massena
☐ Employment Potsdam + Massena
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Katie Tracy

Address: POB 65

Telephone: West Stockholm

Date: April 22, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to
complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

It is very convenient now as I live next to the post office. The only time I would be available to go to the Robdam Post Office would be during high traffic hours and there is very limited parking. Extremely inconvenient.



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service
will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these
services?

☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

Date: _____

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to
complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

I pass 2 other post offices to work
Canton + Potsdam USPS



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Tessa Fields

Address:

PO Box 15 W. Stockholm MI 13696

Telephone:

244-2544

Date:

4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☒ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

Hosting local events w/ friends & neighbors

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

Not Comment

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

Potsdam, Massena, Malone

☒ Personal needs

☒ Banking

Potsdam

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Harold & Phyllis Hunter

Address:

P.O. Box 85, W. Stockholm, NY 13696

Telephone:

315-265-5849

Date:

April 22, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

I worked @ N. Lawrence dairy + used my lunch break for postal services @ the N. Lawrence post office. But that business is closing on 4/30/11 so I will not be in that area on a daily basis.



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Lynn + Jon Tyson

Address: 1040 Old Market Rd W. Stockholm NY 13696

Telephone: 315-353-6135

Date: 4/23/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

If our mail is rerouted to either the Potsdam or Norwood post office, do we have to change our mailing address from W. Stockholm? Answer can be emailed to tyson@jontyson.com



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

the Potsdam Post Office



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☒ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Potsdam

☒ Personal needs Potsdam

☒ Banking Potsdam

☒ Employment Potsdam

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Tamara F. Mason

Address: P.O. Box 915, Potsdam, NY 13676

Telephone: daytime 315-267-2487

Date: 4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I recently purchased a home in the village of West Stockholm, having moved here from Potsdam. I had planned to move my address to West Stockholm.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

TRANSPORTATION

- d. Using public bulletin board ☐ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

LOSS OF SERVICES

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

NORFOLK

☐ Personal needs

☒ Banking

NORFOLK

☐ Employment

☐ Social needs

MASSENA

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Darrell Tracy

Address:

CTY RD 57

Telephone:

West Starborton

Date:

4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

OCCASIONALLY NEAR POTSDAM OFFICE



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☒ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping MASSENA / POTSDAM

☒ Personal needs VARIOUS

☒ Banking POTSDAM

☒ Employment POTSDAM

☒ Social needs VARIOUS

5. Do you currently use local businesses in the community?

☒ Yes ☒ No ~~NEVER~~

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: TERRY RAYNTER

Address: PO BOX 267 WEST STOCKHOLM NY.

Telephone: 261-4217

Date: ~~2011~~ Apr 23/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

Keeping with address -

d. Using public bulletin board	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

on the way to and from work, pass 2 other post offices



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service
will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these
services?

☐ Shopping

NA

☐ Personal needs

NA

don't see what this has to

☐ Banking

NA

do with post office

☐ Employment

NA

☐ Social needs

NA

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: LAWRENCE + PAMELA ROWE

Address: PO BOX 23 W. STOCKHOLM, NY 13696

Telephone: 315 268-0566

Date: 4-20-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to
complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Potsdam +/or Winthrop



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain: We have carrier delivery out of Winthrop

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

There are none

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: James & Carol Simpson

Address: 121 Fern Bridge Rd Winthrop NY 13697

Telephone: 315 265 8213

Date: 4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Potsdam

☒ Personal needs Potsdam

☒ Banking Potsdam

☒ Employment Massena

☒ Social needs Potsdam

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Cindy Brauser

Address: 210 Knapp Sta Rd.

Telephone: 265-1548

Date: 4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

traveling nurse
in ST. LAB. County.



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?



Yes ☐ No

Name:

Linda Bronson

Address:

PO Box 44 W.S. NY 13696

Telephone:

Date:

4-20-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☐ NO

If yes, please explain:

But not open



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Potsdam

☒ Personal needs " "

☒ Banking " "

NA ☐ Employment

NA ☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Joan Branson

Address:

202 Knapp Sta Rd. W. Stockton

Telephone:

265-2838

Date:

4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.